

FILED JUN 13 1955

STANDARD CERTIFICATE OF DEATH

State File No. 15822

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 3031		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give town) De Soto		c. LENGTH OF STAY (in this place) 4 Yrs.		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 810 No. Fifth St.				e. STREET ADDRESS (If rural, give location) 810 No. Fifth St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Essie		b. (Middle) N.M.N.		c. (Last) Keener	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 2, 1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		9. AGE (In years last birthday) 59		11. BIRTHPLACE (City and State or Foreign Country) Potosi, Mo.	
13a. FATHER'S NAME Walter Mull		13b. MOTHER'S MAIDEN NAME Sarah Jane Benson		14. NAME OF HUSBAND OR WIFE Oscar Lee Keener		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Pauline Brinley		ADDRESS DeSoto, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5 gen. Metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1954, to June 4, 1955, that I last saw the deceased alive on May 17, 1955, and that death occurred at 11:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M.D. D. DeSoto, Mo.		23b. ADDRESS		23c. DATE SIGNED June 6/1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/6/55		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) DeSoto Mo.	
DATE REC'D BY LOCAL REG. 6-8-55		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS DeSoto, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 11 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. Englam

Licensed Embalmer No... 47

P. O. Address De Soto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.